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CONFIRMATION NO. 7869

<b>SERIAL NUMBER</b> 10/695,846	<b>FILING OR 371(c) DATE</b> 10/29/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 454311-2220.2
<b>APPLICANTS</b> Sean Philpott, Albany, NY; Barbara Weiser, Albany, NY; Harold Burger, Albany, NY; Christina Kitchen, Los Angeles, CA; <div style="text-align: right;">LH 6/22/2007</div>				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/963,064 09/25/2001 PAT 6,727,060 which claims benefit of 60/235,671 09/26/2000 and claims benefit of 60/282,354 04/06/2001 <div style="text-align: right;">LH 6/22/2007</div>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 03/15/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>LH</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 91
<b>INDEPENDENT CLAIMS</b> 21				
<b>ADDRESS</b> 20999				
<b>TITLE</b> Analysis of HIV-1 coreceptor use in the clinical care of HIV-1-infected patients				
<b>FILING FEE RECEIVED</b> 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	